

P95000046642

LAZARUS CORPORATE INDUSTRIES, INC.
(Requestor's Name)
890 S.W. 87 AVENUE, SUITE 16
(Address)
MIAMI, FLORIDA 33174 (305)552-5973
(City, State, Zip) (Phone #)
LOCAL REPRESENTATIVE TALLAHASSEE
(904)385-6715

OFFICE USE ONLY

500001517285
-06/20/95--01046-013
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ABC MED WAY, INC. (Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

Walk in

Pick up time

3/10

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
SPECIAL AGENT
TALLAHASSEE, FLORIDA
65 JUN 15 1995
11:21 AM
200001517285

ARTICLES OF INCORPORATION
OF
ABC MED WAY, INC.

FILED

95 JUN 15 PM 2:11

SECRETARIAL STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be ABC MED WAY, INC.

ARTICLE II - PURPOSE

This corporation is organized for the general purpose of transacting all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

327 NE 118th Terrace
Miami Florida 33161-6128

ARTICLE IV - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is One Hundred (100) shares of common stock, each share having a par value of one dollar (\$1.00).

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
Flor Crisologo, 327 NE 118th Terrace, Miami, Florida 33161

ARTICLE VI - INCORPORATOR

The name and street address of the incorporator of this corporation is:

Flor Crisologo
327 NE 118th Terrace
Miami Florida 33161-6128

ARTICLE VII - BYLAWS

The power to adopt, alter, amend or repeal bylaws shall be vested in the shareholders of the corporation.

ARTICLE VIII - AMENDMENT

These Articles of Incorporation may be amended at any time by a vote of the majority of the voting stock of the corporation outstanding at any regular meeting of the stockholders or at any special meeting of the stockholders called for that expressed purpose.

The undersigned has executed these Articles of Incorporation this
13 day of June, 1995

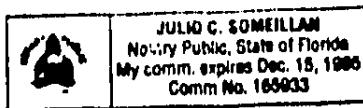
STATE OF FLORIDA)
ss:
COUNTY OF DADE)

Flor Crisologo

Flor Crisologo
Incorporator

Before me, a notary public authorized to take acknowledgements in the state and country set forth above, personally appeared FLOR CRISOLOGO known to me to be the person who executed the foregoing articles of incorporation, and he acknowledged before me that he executed the same for the purposes therein stated.

'IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 12th day of June 1995.



Julio C. Soneillan
Notary Public, State of
Florida at Large

My Commission expires: 12/15/95

CERTIFICATE OF DESIGNATION FOR
REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of § 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement to designate the registered office and registered agent, in the State of Florida.

1. The name of the corporation is ABC MED WAY, INC.
2. The name and address of the registered agent and office is: Flor Crisologo, 327 NE 118th Terrace, Miami Florida 33161

Flor Crisologo
Flor Crisologo
Incorporator
ABC MED WAY, INC.

Date: June 13, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Flor Crisologo
Flor Crisologo, Registered Agent
ABC MED WAY, INC.

Date: June 13, 1995